



EBT CARD STOCK TRANSFER
ND DEPARTMENT OF HUMAN SERVICES
FOOD STAMP PROGRAM/ELECTRONIC BENEFITS TRANSFER
SFN 325 (Rev. 06-2001)

PART I - Completed by County Social Service Office

County Name:		County Number:
Address:		
City:	State:	Zip Code:
Number of EBT Cards Ordered:		
Signature of Authorized County Official:		Date of Request:

PART II - Completed by State Food Stamp Office

First Card Number:	Last Card Number:	Total Number of Cards:
Batch Number(s):		
Signature of Authorized Transferring Official:		Date of Transfer:

PART III - Completed by County Office

Signature of Authorized Receiving Official:	Date of Receipt:
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